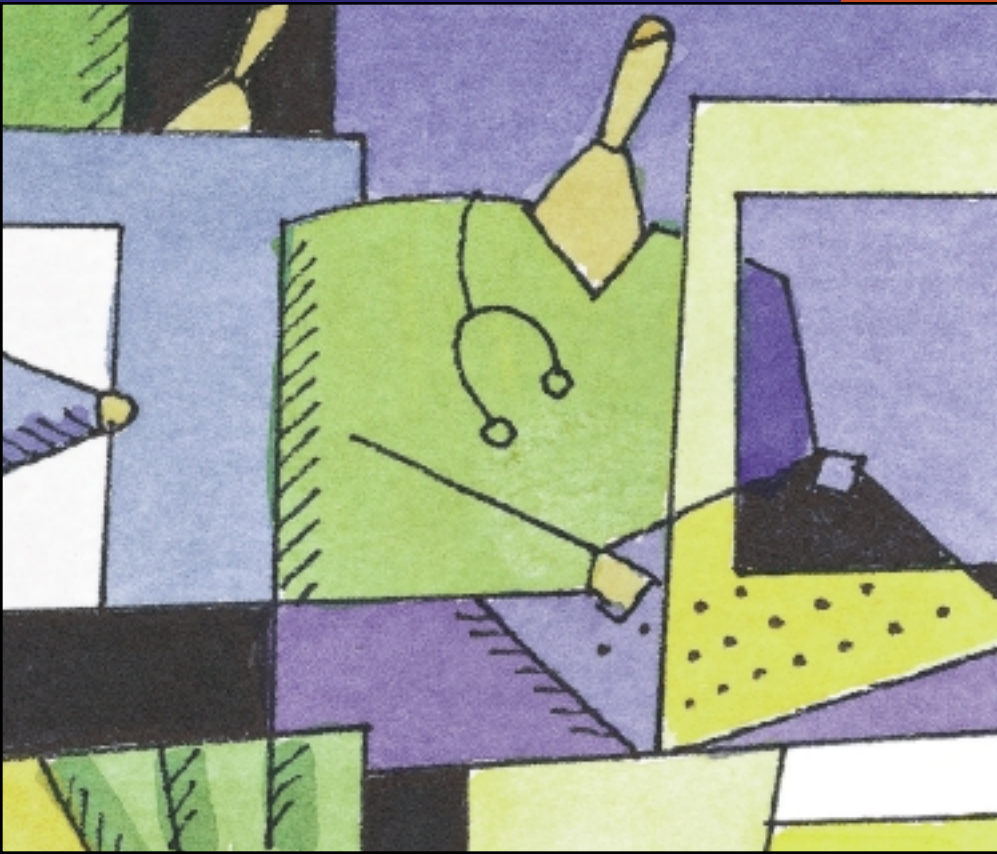


Providers' Frequently Asked Questions

Be ready with answers to all these questions – and more – before you approach any provider to participate in the registry. If the questions are not asked, that doesn't necessarily mean the provider doesn't want the answer. Bring up the question and provide a solid answer at every opportunity to put these issues to rest.

- Will patient care be affected by participation in the registry?
- How will confidentiality be protected? For my patients? For me? What if I do not want my performance published?
- How will my patients be identified?
- How will costs be divided among providers? In my practice? In my area? Will costs stay the same over time? Will costs be reduced as more providers participate?
- How much will the computer cost? The software?
- What will upgrades to the system cost?
- Do I need a dedicated phone line? Installation costs? Monthly costs?
- Will the system interface to my existing billing system?
- Will the registry do vaccine inventory and meet VFC requirements?
- Will the registry link with visit and diagnosis information?
- What other benefits will the system offer?
- Will you come to my office when it's convenient for my staff?
- How long will it take to train my staff?
- How many staff should be trained?
- If my staff changes, who will train new staff?
- How long does it take:
 - To enter the required immunization information?
 - To print a report?
- Will double entry be required?
- Who will check for incorrect data? Who will correct it?
- Who will enter historical data?
- Will I find records for all the children in my practice? If not, when will I?
- What data quality mechanisms are set up?
- How will you help me with HEDIS and NCQA?
- Why do you care about a medical home? What defines a medical home?



Part 3:

Tools

Research

Provider Survey (for current users)

Letter to Provider

September 30, 1998

Dear Healthcare Provider:

Thank you for your participation in the Michigan Childhood Immunization Registry or MCIR! Your involvement in this statewide initiative is helping Michigan's children to have an up-to-date and complete immunization history. The MCIR Coordinators -- Nancy Deising, Therese Hoyle, and myself -- have been busy getting more healthcare providers connected to and trained on the MCIR. Currently, 264 provider offices are registered as MCIR users in Region 2. Of these, 105 are online and 79 are trained.

Now that you are trained and using the MCIR, we are asking for your valuable input in order to find out your past and present experience with the MCIR. The information we gather will help us develop materials and training methods to encourage more providers to become involved in the registry. It will also enable us to learn how we might improve the system to increase the benefits of participation. We will not be reporting data on individual health care providers, but rather will report on the group as a whole, and on subgroups such as hospitals, private practices, integrated health systems and managed care organizations.

This survey might involve up to three people in your office: the person most familiar with how your immunization records are maintained, the person most familiar with your computer equipment and the person most likely to make a decision about participation in the statewide immunization registry. It might be useful for you to speak with others in your office who oversee these other areas to get their input.

Please complete and return the survey by Friday, October 16, 1998 in the enclosed pre-addressed envelope. Or, you may fax it to my attention at 616-373-5109. If you have any questions, please contact me at 616-373-5142.

Your participation is greatly appreciated! Please accept the enclosed pen and letter opener as a token of our gratitude.

Sincerely,

Laura Z. Korten
MCIR Coordinator

Provider Feedback Survey

A. HEALTH CARE SETTING

1. Which of the following best describes your situation?

- hospital individual practice group practice
 clinic managed care org. integrated health system

2. What is your specialty?

- general family medicine internal medicine pediatrics
 other (specify) _____

3. Percentage of patients who are children: _____

4. Number of physicians in this practice who provide primary care for children 0 to 35 months:

Names: _____

B. IMMUNIZATIONS

1. Number of immunizations provided *in a typical month* to children between the ages of 0 and 35 months: _____ (If none, enter "0")

C. INTERACTION WITH MCIR

1. What software package do you use for tracking immunizations?

- | | |
|-----------|--|
| 1) None | 5) The Medical Manager |
| 2) MCIR | 6) Vaccination Automated Control System (VACS) |
| 3) CMHC | 7) Other commercial package (please name) |
| 4) +Medic | _____ |

2. How long has your office been using the MCIR system?

- | | |
|-----------------------|---------------------|
| 1) Not using | 5) 7 to 8 months |
| 2) Less than 2 months | 6) 9 to 10 months |
| 3) 3 to 4 months | 7) 11 to 12 months |
| 4) 5 to 6 months | 8) More than a year |

3. What methods are you using to interact?

- 1) Use computer to connect to MCIR
- 2) Use phone/fax to request data
- 3) Use mail to send MCIR child vaccine data form

4. Which best characterizes your interaction with MCIR?

- 1) Send and retrieve data directly into MCIR using the MCIR Link CIP
- 2) Send new information via the MCIR transfer
- 3) Retrieve immunization information via phone or fax
- 4) Only interaction is via mail (sending completed MCIR Child Vaccine Data forms)

5. Would you like to change your method of interaction with MCIR?

- 1) No
- 2) Yes, add retrieval of data by phone or fax
- 3) Yes, add capability to send information via computer
- 4) Yes, add capability to enter immunizations directly in MCIR

9. Does your practice use a computerized billing software?

Yes--> Name of vendor/software package: _____
 No

E. STAFF'S PERCEPTIONS OF INCENTIVES FOR PARTICIPATING IN MCIR

1. What have been the advantages to your office of participating in the Statewide immunization registry?

1. Rate the importance for your office of each of the following benefits/incentives to participation in the MCIR.

Not Somewhat Very
Important Important Important

- a. Computer generated recall/reminder notices for patient immunizations. 1 2 3
- b. Information regarding which immunizations are due. 1 2 3
- c. Immediate access to a child's immunization record. 1 2 3
- d. Access to computer generated reports of a child's immunization history and status accepted by schools, day care, camps, etc., as valid document..... 1 2 3
- e. Access to accurately generated reports detailing quality assurance, reimbursement, outreach, VFC requirements, etc..... 1 2 3
- f. Access to a vaccine inventory module..... 1 2 3
- g. Time/cost savings of printing computer generated standardized immunization records vs manual record pulling and hand writing immunizations on each shot record card 1 2 3
- h. Onsite training for staff..... 1 2 3
- i. Toll free assistance help line..... 1 2 3
- j. Avoid legal penalties of non-compliance 1 2 3
- k. Other : (Please specify and rate) 1 2 3

F. STAFF'S PERCEPTIONS OF BARRIERS TO PARTICIPATING IN MCIR

1. Before your office participated in MCIR, what costs or disadvantages did you anticipate, if any?
2. Now that you have been using MCIR, do you think any of the following are barriers? Please rate the importance of each of the following barriers to participating in the MCIR.

	<u>Did Not Perceive as Barrier</u>	<u>Not Important</u>	<u>Somewhat Important</u>	<u>Very Important</u>
a. Cost and time associated with training staff to participate in the MCIR.....	0.....	1.....	2.....	3
b. Cost, or time involved, in purchasing and/or upgrading computer equipment or software.....	0.....	1.....	2.....	3
c. Confidentiality issues regarding patient information.....	0.....	1.....	2.....	3
d. Cost and time associated with staff entering and retrieving data from the MCIR.....	0.....	1.....	2.....	3
e. Additional reporting requirements.....	0.....	1.....	2.....	3
f. Waiting for billing software vendor to develop an interface.....	0.....	1.....	2.....	3
g. Coordination between clinical, administration and information systems departments to facilitate participation in the MCIR.....	0.....	1.....	2.....	3
h. Participation in the MCIR is subject to review or approval by our parent organization.....	0.....	1.....	2.....	3

3. Can you think of any other barriers to participation? (please specify)

G. SATISFACTION WITH TRAINING & MCIR SYSTEM

1. Please indicate your level of satisfaction with:

	<u>Did Not Use</u>	<u>Not Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Very Satisfied</u>
a. Training received from MCIR staff.....	0.....	1.....	2.....	3
b. MCIR Help Line	0.....	1.....	2.....	3

If you indicated "Not Satisfied", could you briefly explain why:

2. What features do you like most about the MCIR?

	<u>Not Important</u>	<u>Somewhat Important</u>	<u>Very Important</u>
a. Ease of access.....	1.....	2.....	3
b. Ease of entering data.....	1.....	2.....	3
c. Pull down menu screens (Vaccine vendors).....	1.....	2.....	3
d. Defaults (State, Vendor, Zip code, County, Area code, City).....	1.....	2.....	3
e. Immunization status screen	1.....	2.....	3
f. Patient history format.....	1.....	2.....	3
g. Date of birth status on all screens	1.....	2.....	3

- h. The date of birth format written in years and months 1..... 2..... 3
- i. Reminder recall notices 1..... 2..... 3
- j. Increased opportunities to immunize 1..... 2..... 3
- k. Increase bonus dollars from insurance companies for having complete immunization records 1..... 2..... 3
- l. More complete records for our own files..... 1..... 2..... 3
- m. Availability of the system 24 hours a day..... 1..... 2..... 3
- n. Security...access of system is required with individual ID and Passwords 1..... 2..... 3
- o. Information kept through age 20 1..... 2..... 3
- p. Other (please specify and rate): 1..... 2..... 3

5. What changes would you like to see in the MCIR? (Circle all that apply)

- a. Records kept longer than age 20 for outbreaks, travel, college, etc.
- b. Availability of county data
- c. Patient history printed on official state form
- d. Add patient roster check off to the data entry screen
- e. On data entry screen, add a verify prompt to the name and date of birth fields to verify correct spelling and date
- f. Add individual reporting capabilities, (please specify) _____
- g. Other (please specify) _____

H. IMPROVING PARTICIPATION IN THE MCIR SYSTEM .

- 1. Are there any things the MCIR staff could do to help make your participation in the system easier?
- 2. Do you have any other comments about the MCIR System?

I. PROVIDER INFORMATION

1. Organization: Please note any desired changes to your organization's name or information.

Org. Name: _____ MAILING LABEL HERE

Address: _____

What county is your office in?: _____

2. Contact:

Your Name: _____

Position: _____

Phone: _____

Fax: _____

THANK YOU for your time and thoughtful answers to our questions.

Please mail by Friday, October 16 in the pre-addressed envelope.

Or, you may fax it to Laura Korten, MCIR Coordinator, at 616-373-5109.